



12.09.04

2614. #

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: GUBERNICK
Serial No.: 10/025,949
Filing Date: 12/19/2001
Title: PHOTOGRAPH DISPLAY SYSTEM

Art unit: 2614
Examiner: YENKE, Brian P.

Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

Dear Sir:

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DEC 16 2004

Technology Center 2600

AMENDMENT

Reconsideration of the Office Action dated 07/09/2004 in the
above-referenced application is respectfully solicited.



PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

15

Application Number	10/025949
Filing Date	12/19/2001
First Named Inventor	GUERNICK
Art Unit	2614
Examiner Name	YENKE, Brian P.
Attorney Docket Number	FG-1201

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ENCLOSURES (Check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form
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<input type="checkbox"/> Affidavits/declaration(s)
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<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	GUERNICK ASSOCIATES		
Signature			
Printed name	Franklin L. Gubernick		
Date	December 08, 2004	Reg. No.	33,577

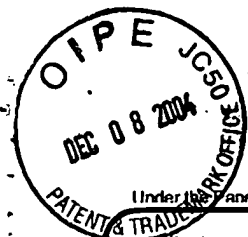
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Signature			
Typed or printed name	Franklin L. Gubernick	Date	12/08/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (11-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)215.00**Complete if Known**

Application Number	10/025,949
Filing Date	12/19/2001
First Named Inventor	GOBERNICK
Examiner Name	YENKE, Brian P.
Art Unit	2614
Attorney Docket No.	FG-1201

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METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order☐ Deposit Account ☐ NoneDeposit Account Number _____
Deposit Account Name _____

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- ☐ Charge fee(s) indicated below
- ☐ Charge fee(s) indicated below, except for the filing fee
- ☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
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to the above-identified deposit account.

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FEE CALCULATION**1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____
Subtotal (1) \$			<u>0.00</u>

FEE CALCULATION (continued)**2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44
Total Claims	14	
Extra Claims	0	
Fee (\$)	0	
Fee Paid (\$)	0	

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	0	0	0

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

Subtotal (2) \$ 0.00**3. OTHER FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	_____
2-month extension of time	430	215	<u>215.00</u>
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other:			_____

Subtotal (3) \$ 215.00**SUBMITTED BY**

Signature	<u>Franklin L. Gubernick</u>	Registration No. (Attorney/Agent)	<u>33,577</u>	Telephone	<u>5208824025</u>
Name (Print/Type)	<u>FRANKLIN L. GOBERNICK</u>			Date	<u>DEC. 08, 2004</u>

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